

**MAX ARNOLD & SONS, LLC.**

P. O. BOX 568  
HOPKINSVILLE  
KY, 42241

Phone (270) 885-8488  
Fax (270) 885-4444

August 6, 2008

Department for Environmental Protection  
Division of Water  
14 Reilly Road  
Frankfort, KY 40601



RE: KPDES #KY0104981  
Southern Pride Auto/Truck  
McCracken County, KY

Dear Ms. Prather,

Enclosed are the completed forms KPDES 1 and KPDES SC for the renewal of our Kentucky Pollutant Discharge Elimination System permit for Southern Pride Auto/Truck located in McCracken County.

A check for \$200.00 for the application fee has also been enclosed.

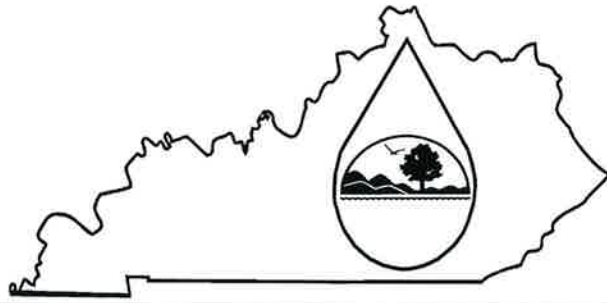
If you have any questions, please contact me at (270) 885-8488

Sincerely,

Donna Criswell  
Max Arnold & Sons, LLC

# KPDES FORM 1

59255



## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.  
☒ Apply for reissuance of expiring permit.  
☐ Apply for a construction permit.  
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

\$200.00 CK.

For additional information contact:

KPDES Branch (502) 564-3410

#### I. FACILITY LOCATION AND CONTACT INFORMATION

AGENCY  
USE

0104981

A. Name of Business, Municipality, Company, Etc. Requesting Permit  
Max Arnold & Sons, LLC

##### B. Facility Name and Location

Facility Location Name:

Southern Pride Truck Stop

Facility Location Address (i.e. street, road, etc., not P.O. Box):

7050 Benton Road

Facility Location City, State, Zip Code:

Paducah, KY 42003

D. Owner's name (if not the same as in part A and C):

Owner's Mailing Address: Max Arnold & Sons, LLC  
P. O. Box 568  
Hopkinsville, KY 42240

C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.

Facility Contact Name and Title: Mr. ☐ Ms. ☒

Donna Criswell

Mailing Address:

P. O. Box 568

Mailing City, State, Zip Code:

Hopkinsville, Ky 42240

Facility Contact Telephone Number:

(270) 885-8488

Owner's Telephone Number (if different):

#### II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Truck Stop/ Convenience Store

##### B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code &  
Description:

5541 Truck Stop/Convenience Store

Other SIC Codes:

#### III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located:  
McCracken

City where facility is located (if applicable):  
Paducah

C. Body of water receiving discharge:

Unnamed tributary to mile point 1.1 of White Oak Creek

D. Facility Site Latitude (degrees, minutes, seconds):  
36 59' 30"

Facility Site Longitude (degrees, minutes, seconds):  
88 30' 17"

E. Method used to obtain latitude & longitude (see instructions): USGS Topographic map coordinates

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): 04-259-3343

<b>IV. OWNER/OPERATOR INFORMATION</b>	
A. Type of Ownership: <input type="checkbox"/> Publicly Owned <input checked="" type="checkbox"/> Privately Owned <input type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input type="checkbox"/> Federally owned	
B. Operator Contact Information (See instructions)	
Name of Treatment Plant Operator: N/A	Telephone Number:
Operator Mailing Address (Street):	
Operator Mailing Address (City, State, Zip Code):	
Is the operator also the owner? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the operator certified? If yes, list certification class and number below. Yes <input type="checkbox"/> No <input type="checkbox"/>
Certification Class:	Certification Number:

<b>V. EXISTING ENVIRONMENTAL PERMITS</b>		
Current NPDES Number: KPDES #KY0104981	Issue Date of Current Permit: 03-01-2004	Expiration Date of Current Permit: 02-28-09
Number of Times Permit Reissued: 0	Date of Original Permit Issuance: 03-01-2004	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s):	

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	N/A
Solid or Special Waste	N/A	N/A
Hazardous Waste - Registration or Permit	N/A	N/A

<b>VI. DISCHARGE MONITORING REPORTS (DMRs)</b>
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KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	Donna Criswell
DMR Official Telephone Number:	(270) 885-8488

B. DMR Mailing Address:	
<ul style="list-style-type: none"> <li>Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or</li> <li>Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.</li> </ul>	
DMR Mailing Name:	Max Arnold & Sons, LLC
DMR Mailing Address:	P. O. Box 568
DMR Mailing City, State, Zip Code:	Hopkinsville, KY 42240


## VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
Non-Process Industry	\$200.00

## VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Robert Arnold/President Max Arnold & Sons, LLC	(270) 885-8488
SIGNATURE	DATE:
	8/6/08

Return completed application form and attachments to: **KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.**

# SYMSONIA QUADRANGLE

KENTUCKY

7.5 MINUTE SERIES (TOPOGRAPHIC) 2-NE

NE/4 HICKORY 15' QUADRANGLE

LITTLE

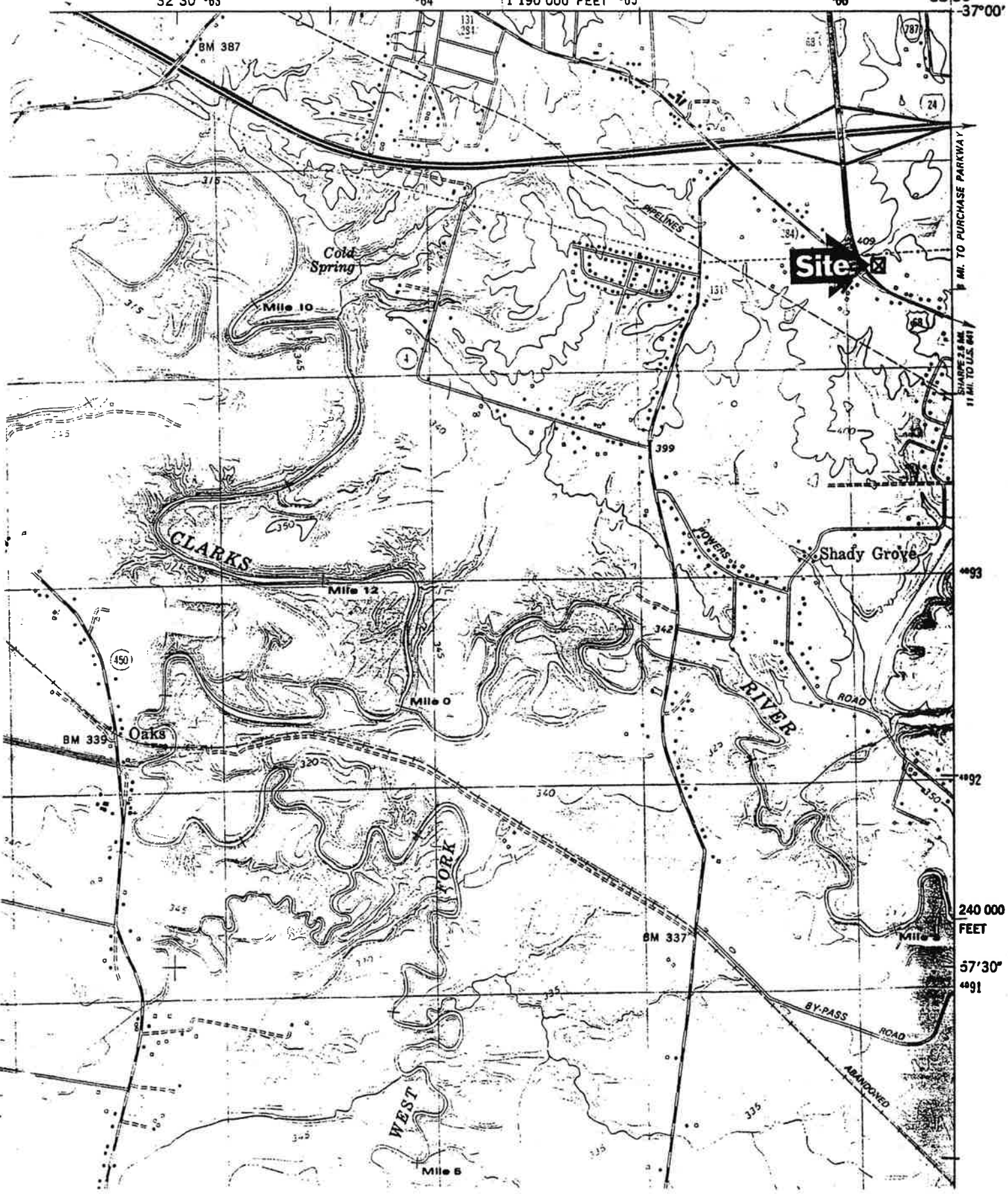
32°30' '63

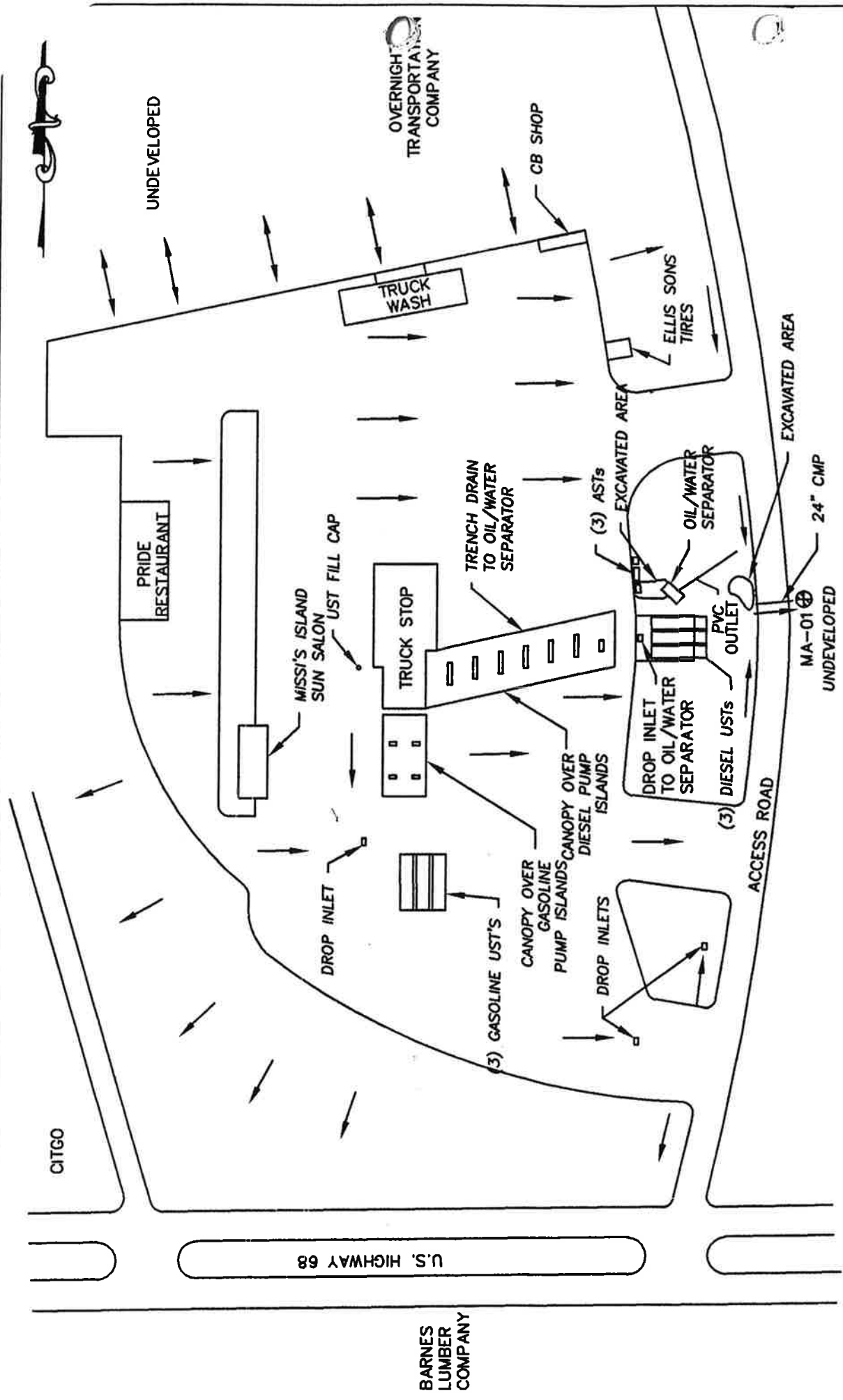
'64

1 190 000 FEET '65

'66

88°30' 37°00'



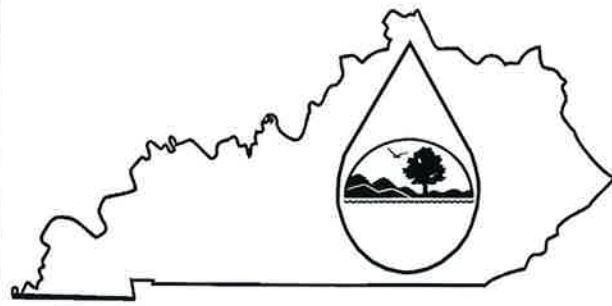


**DANCO ENGINEERING, INC.**  
P.O. BOX 528  
407 BROWN ROAD  
MADISONVILLE, KY  
(270) 821-7343

**DEI**

SCALE	NO SCALE
DATE	10/14/02
APPROVED	BKH
FILE NO.	SITE_MAP

**SOUTHERN PRIDE TRUCK STOP**  
7050 BENTRON ROAD  
PADUCAH, KENTUCKY  
SITE MAP  
SITE I.D. # 3779-073



## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION

A complete application consists of this form and Form 1.  
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: <b>Southern Pride Truck Stop</b>											
<b>I. FACILITY DISCHARGE FREQUENCY</b>				AGENCY USE	0	1	0	4	9	8	1
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)											
B. How many days per week?				<b>Variable-Rainfall dependent</b>							
<b>II. A. Give the basis of design for sizing of the wastewater facility (see instructions):</b> <b>Rainfall of 3" per hour. Oil/separate and truck wash volume.</b>											
B. If new discharger, indicate anticipated discharge date:						N/A					
C. Indicate the design capacity of the treatment system:						2000gal.			MGD		

### III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
MM-01	36	59	28	88	30	17	Unnamed tributary of Clarks River
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				USGS Topographic map coordinates			

**IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)**

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
MM-01	Storm water runoff and truck wash.	100gal/min	Oil/Water separate	1K

**V. Check the type(s) of wastewater discharged.**☐ Domestic (60% or more sanitary sewage)☐ Oil field waste☐ Noncontact cooling water☒ Other (list): **Oil/water separator****VI. Does all water used at facility (except for human consumption) flow to a treatment plant?** ☐ Yes ☒ No**VII. Discharge to other than surface waters. Check appropriate location:**☐ Publicly-owned lake or impoundment Name of lake:☐ Publicly-owned treatment works (POTW). Name of POTW:☐ Land application of Effluent☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment**VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).**

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input checked="" type="checkbox"/>	Zinc	.05
<input type="checkbox"/>		
<input type="checkbox"/>		

# MAX ARNOLD & SONS, LLC.

P. O. BOX 568  
HOPKINSVILLE  
KY, 42241

Phone (270) 885-8488  
Fax (270) 885-4444

January 7, 2009

William Shane  
Service Water Permit Branch  
Department for Environmental Protection  
Division of Water  
200 Fair Oaks Lane  
Frankfort, KY 40601



RE: KPDES – Requested information  
KPDES No: KY0104981  
Southern Pride Truck Stop BP  
AI # 59255  
Activity ID: APE20080001  
McCracken County, KY

Dear Mr. Shane,

Enclosed is the additional information requested for the Kentucky Pollutant Discharge System permit for Southern Pride Truck Stop.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Donna Criswell  
Administrative Assistant  
Max Arnold & Sons, LLC

59255

**IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)**

A. Number of bypass points:

0

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs: 0

☐ Wet Weather☐ Dry Weather

Give the number of bypass incidents

per year

per year

Give average duration of bypass

hours

hours

Give average volume per incident

1,000 gallons

1,000 gallons

Give reason why bypass occurs:

B. Number of Overflow Points: 0

(If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:

☐ Wet Weather☐ Dry Weather

Give the number of overflow incidents:

per year

per year

Give average duration of overflow:

hours

hours

Give average volume per incident:

1,000 gallons

1,000 gallons

C. Number of seasonal discharge points

0

Give the number of times discharge occurs per year

Give the average volume per discharge occurrence

(1,000 gallons)

Give the average duration of each discharge

(days)

List month(s) when the discharge occurs

**X. AREA SERVED (see instructions)**

NAME

ACTUAL POPULATION SERVED

N/A 12 people employed

TOTAL POPULATION SERVED

**XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS**

Additive	Composition	Concentration (mg/l)
N/A		

**XII. EFFLUENT CHARACTERISTICS**


A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD <sub>5</sub>	<5.58	<5.58	12
TOTAL SUSPENDED SOLIDS	7.83	7.83	12
FECAL COLIFORM	80	80	N/A
TOTAL RESIDUAL CHLORINE	<0.100	<0.100	N/A
OIL AND GREASE	<.27	<.27	12
CHEMICAL OXYGEN DEMAND	28	28	N/A
TOTAL ORGANIC CARBON	3.38	3.38	N/A
AMMONIA	.14	.14	N/A
DISCHARGE FLOW	.0004	.0004	12
PH	5.52	5.52	12
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:

**Variable-Rainfall and truck wash dependent****XIII. CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Robert Arnold/President Max Arnold & Sons, LLC	(270) 885-8488
SIGNATURE 	DATE 8/6/08